

RECEIVED
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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite P

☐ Check if different than previously reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00216184

3. IS THIS REPORT

☒ NEW

(N)

OR

☐ AMENDED

(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Quarterly Report (YE)
☒ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12G)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling, CPA

Signature of Treasurer

Date

07

14

2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1	<div>2011</div>		<div>5821.26</div>
(b) Cash on Hand at Beginning of Reporting Period		<div>5821.26</div>	
(c) Total Receipts (from Line 19)		<div>8810.00</div>	<div>8810.00</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		<div>14631.26</div>	<div>14631.26</div>
7. Total Disbursements (from Line 31)		<div>12539.46</div>	<div>12539.46</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		<div>2091.80</div>	<div>2091.80</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period:

From:

MM
01

DD
01

YYYY
2011

To:

MM
06

DD
30

YYYY
2011

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

**(a) Individuals/Persons Other
Than Political Committees**

(i) Itemized (use Schedule A)

900.00

900.00

(ii) Unitemized

7910.00

7910.00

(iii) TOTAL (add
Lines 11(a)(i) and (ii)

8810.00

8810.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b) and (c)) (Carry
Totals to Line 33, page 5)

8810.00

8810.00

**12. Transfers From Affiliated/Other
Party Committees**

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5)

0.00

0.00

**16. Refunds of Contributions Made
to Federal candidates and Other
Political Committees**

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.)

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfer (add 18(a) and 18(b)).

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))**

8810.00

8810.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

8810.00

8810.00

11030632176

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1289.46	1289.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1289.46	1289.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
28. Contributions to Federal Candidates/Committees and Other Political Committees.....	11250.00	11250.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12539.46	12539.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12539.46	12539.46

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8810.00	8810.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8810.00	8810.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1289.46	1289.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1289.46	1289.46

FE6AN026

11030632178

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 / 10	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)

Terrance Breen

Mailing Address 5503 Rutgers Rd

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASMG

Occupation
Anesthesiologist

Receipt For: 2011

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 11AI-24927-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100
Monthly)

B.

Full Name (Last, First, Middle Initial)

Brandon Giap

Mailing Address 6715 Rancho Toyon Place

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASMG

Occupation
Anesthesiologist

Receipt For: 2011

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 11AI-24933-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100
Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark S. Ransom

Mailing Address 859 Morning Sun Drive

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASMG

Occupation
Anesthesiologist

Receipt For: 2011

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 11AI-24905-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100
Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

900.00

TOTAL This Period (last page this line number only) ▶

900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle initial)

Atlantic Information Services

Transaction ID: 21B-739

Date of Disbursement

04 / 14 / 2011

Mailing Address 1100 17th St NW Ste 300

City
Washington

State
DC

Zip Code
20036-4631

Amount of Each Disbursement this Period

616.00

Purpose of Disbursement
Subscription

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

C. April Boling, CPA

Transaction ID: 21B-735

Date of Disbursement

02 / 18 / 2011

Mailing Address 7185 Navajo Rd Ste P

City
San Diego

State
CA

Zip Code
92119

Amount of Each Disbursement this Period

282.46

Purpose of Disbursement
Accounting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

C. April Boling, CPA

Transaction ID: 21B-750

Date of Disbursement

06 / 23 / 2011

Mailing Address 7185 Navajo Rd Ste P

City
San Diego

State
CA

Zip Code
92119

Amount of Each Disbursement this Period

216.00

Purpose of Disbursement
Accounting Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1114.46

TOTAL This Period (last page this line number only)

1114.46

11030632180

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 10

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Transaction ID: 23-744

Date of Disbursement

05 / 27 / 2011

Mailing Address PO Box 7272

City
Alexandria

State
VA

Zip Code
22307

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
John Barrasso

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

011"

☐ Primary ☐ General
☐ Other (specify) ▼

State: WY

District:

B.

Full Name (Last, First, Middle Initial)

Brian Bilbray for Congress

Transaction ID: 23-738

Date of Disbursement

04 / 14 / 2011

Mailing Address PO Box 455

City
Rancho Santa Fe

State
CA

Zip Code
92067

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Brian Bilbray

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 50

C.

Full Name (Last, First, Middle Initial)

Brian Bilbray for Congress

Transaction ID: 23-741

Date of Disbursement

04 / 19 / 2011

Mailing Address PO Box 455

City
Rancho Santa Fe

State
CA

Zip Code
92067

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Brian Bilbray

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 50

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

11030632181

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (If Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)

Andy Harris for Congress

Transaction ID: 23-742

Date of Disbursement

04 / 27 / 2011

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Andy Harris

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

B.

Full Name (Last, First, Middle Initial)

Issa for Congress

Transaction ID: 23-746

Date of Disbursement

06 / 06 / 2011

Mailing Address PO Box 760

City
Vista

State
CA

Zip Code
92085

Amount of Each Disbursement this Period

750.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Darrell Issa

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 011"
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

C.

Full Name (Last, First, Middle Initial)

McCarthy Victory Fund

Transaction ID: 23-745

Date of Disbursement

06 / 06 / 2011

Mailing Address 214 Main Street, Suite 404

City
El Segundo

State
CA

Zip Code
90245

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 011"
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

SUBTOTAL of Disbursements This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle initial)

Price for Congress

Mailing Address PO Box 425

City

Roswell

State

GA

Zip Code

30077

Purpose of Disbursement

Political Contribution

011

Category/
Type

Candidate Name

Tom Price

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

2011

☒

Primary

☐

General

☐

Other (specify) ▼

State: GA

District: 06

Transaction ID: 23-747

Date of Disbursement

06

14

2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Montanans for Rehberg

Mailing Address PO Box 7272

City

Alexandria

State

VA

Zip Code

22307

Purpose of Disbursement

Political Contribution

011

Category/
Type

Candidate Name

Denny Rehberg

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

011"

☐

Primary

☐

General

☐

Other (specify) ▼

State: MT

District:

Transaction ID: 23-748

Date of Disbursement

06

23

2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

11250.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed-Exp</i>	Shipping Date <i>7/14/11</i>
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

[Signature]
PREPARER
(3/2005)

7/19/11
DATE PREPARED

11030632184